

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) **09/701926**

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL O.	10			
TOTAL D.				
TOTAL A.M.S.				

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

C-1360 (6-76)